

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
ADAMS	Colorado Access	Access Advantage	•						\$28.92	\$28.92			•				83	•
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	•						\$28.50	\$28.50			•				90	
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		•					\$47.00	\$29.54	•		•	•			97	•
		Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•		•				97	•
	Kaiser Permanente	Senior Advantage Silver MA-PD	•						\$0.00	\$0.00	•		•				72	
		Senior Advantage Silver MA-PD Part B	•						\$0.00	\$0.00			•	•			72	
		Senior Advantage Gold MA-PD	•						\$88.00	\$14.50	•		•	•			72	
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					•		\$0.00	-								
		RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - M					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - M					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - M					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - M					•		\$200.39	\$73.39	•			•		•	96	•
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	•						\$0.00	-							
			Secure Horizons Value Plan	•						\$0.00	\$0.00			•	•		81	•
			Secure Horizons Classic Plan	•						\$39.00	\$22.99	•			•		81	•
			Secure Horizons Classic Enhanced Plan	•						\$90.00	\$17.91	•			•		81	•
		Sterling Option I	Sterling Option I				•			\$9.00	-							
		United Healthcare Insurance Company	Evercare Plan CH No Rx	•						\$0.00	-							
		Evercare Plan IP		•					\$27.43	\$27.43	•			•			97	•
		Evercare Plan DH	•						\$28.92	\$28.92	•			•			97	•
ALAMOSA		Evercare Plan CH	•						\$34.00	\$34.00	•			•			97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•
		SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-							
			SecureHorizons Direct Premier Plan 200				•			\$85.00	-							

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

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			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																	
ARAPAHOE	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*	
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	*						\$28.50	\$28.50							90		
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		*					\$47.00	\$29.54	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-148					*		\$49.00	\$12.58			*				97	*	
		Humana Gold Choice PFFS H1804-063				*		\$54.00	\$20.77	*			*				97	*	
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72		
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72		
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72		
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M						*	\$0.00	-									
		RMHP AB Basic Plan						*	\$8.00	-									
		RMHP Standard Plan - M						*	\$22.00	-									
		RMHP AB Basic with Basic Drug Plan						*	\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - M						*	\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - M						*	\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - M						*	\$200.39	\$73.39	*			*	*		96	*	
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
			Secure Horizons Value Plan	*						\$0.00	\$0.00			*	*		81	*	
			Secure Horizons Classic Plan	*						\$39.00	\$22.99	*			*			81	*
			Secure Horizons Classic Enhanced Plan	*						\$90.00	\$17.91	*			*			81	*
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
			Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*
			Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*
			Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*
ARCHULETA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-	*								
		RMHP Standard Plan - WS					*		\$30.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*	
		RMHP Plus Plan - WS					*		\$112.00	-									
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*	*		96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 3					*		\$0.00	-									
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-									
	BACA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
Humana Gold Choice PFFS H1804-063						*			\$54.00	\$20.77	*			*			97	*	
BENT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Thrifty Plan - FR					*		\$17.00	-									
		RMHP Standard Plan - FR					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - FR					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*	*		96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4					*		\$25.00	-									
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-									

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Description										Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
BOULDER	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
		HumanaChoicePPO PPO H0623-002		*					\$67.00	\$29.54	*			*	*		97	*	
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72		
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72		
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72		
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					*		\$0.00	-									
		RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - M					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - M					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - M					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - M					*		\$200.39	\$73.39	*			*		*	96	*	
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
			Secure Horizons Value Plan	*						\$0.00	\$0.00			*	*		81	*	
			Secure Horizons Classic Plan	*						\$39.00	\$22.99	*			*			81	*
			Secure Horizons Classic Enhanced Plan	*						\$90.00	\$17.91	*			*			81	*
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
			Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*
			Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*
			Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*
CHAFFEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - WS					*		\$30.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*	
		RMHP Plus Plan - WS					*		\$112.00	-									
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-										
CHEYENNE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Thrifty Plan - FR					*		\$17.00	-									
		RMHP Standard Plan - FR					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - FR					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*	

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CLEAR CREEK	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72	
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	
	Rocky Mountain Health Plans	Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72	
		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
		Sterling Option I					*		\$9.00	-								
	CONEJOS	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97
Rocky Mountain Health Plans		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
SecureHorizons Direct		SecureHorizons Direct Plan 4				*			\$25.00	-								
	SecureHorizons Direct Premier Plan 200					*		\$85.00	-									
COSTILLA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-									
	SecureHorizons Direct Premier Plan 200					*		\$85.00	-									
CROWLEY	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
	Rocky Mountain Health Plans	Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
	RMHP Gold Plan - FR					*		\$127.00	-									
	RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*	
CUSTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
	RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered	
DELTA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
		Rocky Mountain Health Plans	RMHP AB Basic Plan				*		\$8.00	-									
			RMHP Standard Plan - WS				*		\$30.00	-									
			RMHP AB Basic with Basic Drug Plan				*		\$48.56	\$40.56	*			*			96	*	
			RMHP Standard with Standard Drug Plan - WS				*		\$70.56	\$40.56	*			*			96	*	
			RMHP Plus Plan - WS				*		\$112.00	-									
			RMHP Plus with Enhanced Drug Plan - WS				*		\$185.39	\$73.39	*			*		*	96	*	
	DENVER	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*
		Denver Health Medicare Choice	Denver Health Medicare Choice	*						\$28.92	\$28.92			*				90	*
Fidelis SecureCare of Colorado		Fidelis SecureCare of Colorado	*						\$28.50	\$28.50			*				90	*	
Humana Insurance Company		HumanaChoicePPO PPO H0623-001		*					\$47.00	\$29.54	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
		Kaiser Permanente	Senior Advantage Silver MA-PD	*					\$0.00	\$0.00	*			*			72		
			Senior Advantage Silver MA-PD Part B	*					\$0.00	\$0.00			*	*			72		
			Senior Advantage Gold MA-PD	*					\$88.00	\$14.50	*			*	*		72		
		Rocky Mountain Health Plans	RMHP Thrifty Plan - M					*		\$0.00	-								
		RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - M					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - M					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - M					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - M					*		\$200.39	\$73.39	*			*		*	96	*	
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-									
		Secure Horizons Value Plan	*						\$0.00	\$0.00			*	*			81	*	
		Secure Horizons Classic Plan	*						\$39.00	\$22.99	*			*			81	*	
		Secure Horizons Classic Enhanced Plan	*						\$90.00	\$17.91	*			*			81	*	
	Sterling Option I	Sterling Option I				*			\$9.00	-									
	United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-									
		Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*	
		Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*	
		Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*	
DOLORES	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - WS					*		\$30.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*	
		RMHP Plus Plan - WS					*		\$112.00	-									
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
							*												

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
DOUGLAS	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*	
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		*					\$47.00	\$29.54	*			*	*		97	*	
		Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72		
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72		
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72		
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					*		\$0.00	-									
		RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - M					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - M					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - M					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - M					*		\$200.39	\$73.39	*			*		*	96	*	
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
			Secure Horizons Value Plan	*						\$0.00	\$0.00			*	*		81	*	
			Secure Horizons Classic Plan	*						\$39.00	\$22.99	*			*			81	*
			Secure Horizons Classic Enhanced Plan	*						\$90.00	\$17.91	*			*			81	*
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
		Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*	
		Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*	
		Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*	
EAGLE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*	*			97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Standard Plan - WS					*		\$30.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*	
		RMHP Plus Plan - WS					*		\$112.00	-									
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*	

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
EL PASO	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO H0623-003		*					\$53.00	\$29.54	*			*	*		97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
		Secure Horizons Classic Plan	*						\$30.00	\$14.43	*			*			81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
		Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*
		Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*
		Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*
ELBERT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72	
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-				*				*
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	FREMONT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97
Rocky Mountain Health Plans		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-				*				*
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
Secure Horizons Medicare Advantage Plan		Secure Horizons Classic Plan	*						\$60.00	\$14.43	*			*			81	*
SecureHorizons Direct		SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
GARFIELD	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
GILPIN	Humana Insurance Company	RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
		Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
	Kaiser Permanente	Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
		Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72	
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
	SecureHorizons Direct	RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
		SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I				*			\$9.00	-								
GRAND	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
GUNNISON	Humana Insurance Company	RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
		Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
HINSDALE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
		RMHP AB Basic Plan					*		\$8.00	-								
	Rocky Mountain Health Plans	RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-									
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-									



## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
HUERFANO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*		*				96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*		*		*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
JACKSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
JEFFERSON	Colorado Access	Access Advantage	*						\$28.92	\$28.92			*				83	*
	Fidelis SecureCare of Colorado	Fidelis SecureCare of Colorado	*						\$28.50	\$28.50			*				90	*
	Humana Insurance Company	HumanaChoicePPO PPO H0623-001		*					\$47.00	\$29.54	*		*	*			97	*
		Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*		*				97	*
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*		*				72	*
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	*
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*		*	*			72	*
	Rocky Mountain Health Plans	RMHP Thrifty Plan - M					*		\$0.00	-								
		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - M					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - M					*		\$62.56	\$40.56	*		*				96	*
		RMHP Gold Plan - M					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - M					*		\$200.39	\$73.39	*		*		*		96	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
		Secure Horizons Value Plan	*						\$0.00	\$0.00			*	*			81	*
		Secure Horizons Classic Plan	*						\$39.00	\$22.99	*		*				81	*
		Secure Horizons Classic Enhanced Plan	*						\$90.00	\$17.91	*		*				81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
		Evercare Plan IP		*					\$27.43	\$27.43	*		*				97	*
		Evercare Plan DH	*						\$28.92	\$28.92	*		*				97	*
		Evercare Plan CH	*						\$34.00	\$34.00	*		*				97	*

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
KIOWA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				•			\$0.00	\$0.00	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
KIT CARSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Thrifty Plan - FR					•		\$17.00	-								
		RMHP Standard Plan - FR					•		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - FR					•		\$62.56	\$40.56	•			•			96	•
		RMHP Gold Plan - FR					•		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					•		\$200.39	\$73.39	•			•		•	96	•
LA PLATA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•
LAKE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				•			\$49.00	\$12.58			•				97	•
		Humana Gold Choice PFFS H1804-063				•			\$54.00	\$20.77	•			•			97	•
	Rocky Mountain Health Plans	RMHP AB Basic Plan					•		\$8.00	-								
		RMHP Standard Plan - WS					•		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					•		\$48.56	\$40.56	•			•			96	•
		RMHP Standard with Standard Drug Plan - WS					•		\$70.56	\$40.56	•			•			96	•
		RMHP Plus Plan - WS					•		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					•		\$185.39	\$73.39	•			•		•	96	•

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
LARIMER	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72	
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*						\$39.00	\$22.61	*			*			81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-				*				
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
		Sterling Option I				*			\$9.00	-								
	United HealthCare Insurance Company	Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*
LAS ANIMAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
LINCOLN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
	SecureHorizons Direct Premier Plan 200				*			\$85.00	-									
LOGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name																Mail Order Offered	
MESA	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Thrifty Plan - WS					*		\$17.00	-									
		RMHP Standard Plan - WS					*		\$30.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*	
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*	
		RMHP Plus Plan - WS					*		\$112.00	-									
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*	
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-								
			Secure Horizons Classic Plan	*						\$0.00	\$0.00	*			*			81	*
		Secure Horizons Classic Enhanced Plan	*						\$42.00	\$23.00	*			*	*		81	*	
		SecureHorizons Direct				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 100				*		\$95.00	-									
	MINERAL	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*		\$0.00	\$0.00	*		*				97	*	
		Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
			RMHP Standard Plan - WS					*		\$30.00	-								
			RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*			96	*	
			RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*			96	*	
			RMHP Plus Plan - WS					*		\$112.00	-								
			RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*	96	*	
		SecureHorizons Direct				*			\$0.00	-									
			SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	MOFFAT	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*		\$49.00	\$12.58			*				97	*	
			Humana Gold Choice PFFS H1804-063				*		\$54.00	\$20.77	*		*				97	*	
		Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
			RMHP Standard Plan - WS					*		\$30.00	-								
			RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*			96	*	
			RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*			96	*	
			RMHP Plus Plan - WS					*		\$112.00	-								
			RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*	96	*	
MONTEZUMA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*	
			Humana Gold Choice PFFS H1804-063				*		\$54.00	\$20.77	*		*				97	*	
		Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
			RMHP Standard Plan - WS					*		\$30.00	-								
			RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*			96	*	
			RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*			96	*	
			RMHP Plus Plan - WS					*		\$112.00	-								
			RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*	96	*	
	MONTROSE	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
				Humana Gold Choice PFFS H1804-063				*		\$54.00	\$20.77	*		*				97	*
		Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
			RMHP Standard Plan - WS					*		\$30.00	-								
			RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*			96	*	
			RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*			96	*	
			RMHP Plus Plan - WS					*		\$112.00	-								
			RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*	96	*	
								*		\$49.00	\$12.58			*				97	*
								*		\$54.00	\$20.77	*		*				97	*
							*		\$8.00	-									
							*		\$30.00	-									
							*		\$48.56	\$40.56	*		*				96	*	
							*		\$70.56	\$40.56	*		*				96	*	
							*		\$112.00	-									
							*		\$185.39	\$73.39	*		*		*		96	*	
							*		\$49.00	\$12.58			*				97	*	
							*		\$54.00	\$20.77	*		*				97	*	

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
MORGAN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*		*		97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
OTERO	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
OURAY	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*		*		97	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
PARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72	
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72	
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-				*				
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
PHILLIPS	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*		*				96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*		*		*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
PITKIN	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
PROWERS	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*		*				96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*		*		*		96	*
PUEBLO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*		*				96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*		*		*		96	*
	Secure Horizons Medicare Advantage Plan	Secure Horizons Classic Plan	*						\$50.00	\$14.74			*	*			81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				*			\$95.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
		Evercare Plan IP		*					\$27.43	\$27.43	*		*				97	*
		Evercare Plan DH	*						\$28.92	\$28.92	*		*				97	*
		Evercare Plan CH	*						\$34.00	\$34.00	*		*				97	*

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service									Zero	Reduced		
County	Organization Name	Plan Name																Mail Order Offered
RIO BLANCO	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
RIO GRANDE		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
ROUTT		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97	*
	SecureHorizons Direct	SecureHorizons Direct Plan 2				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200					*		\$85.00	-								
	SAGUACHE	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97
Rocky Mountain Health Plans		RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
SAN JUAN	SecureHorizons Direct	SecureHorizons Direct Plan 1				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
SAN MIGUEL		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*		*				97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*		*				96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*		*				96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*		*		*		96	*
	SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									
		SecureHorizons Direct Premier Plan 200				*		\$85.00	-									

## Colorado Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience	
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
SEDGWICK	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
	SUMMIT	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Standard Plan - WS					*		\$30.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - WS					*		\$70.56	\$40.56	*			*			96	*
		RMHP Plus Plan - WS					*		\$112.00	-								
		RMHP Plus with Enhanced Drug Plan - WS					*		\$185.39	\$73.39	*			*		*	96	*
TELLER	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*
		HumanaChoicePPO PPO H0623-003		*					\$53.00	\$29.54	*			*	*		97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
		Secure Horizons Medicare Advantage Plan	Secure Horizons Medical Plan	*						\$0.00	-							
		Secure Horizons Classic Plan	*						\$30.00	\$14.43	*			*			81	*
	SecureHorizons Direct	SecureHorizons Direct Plan 4				*			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								
WASHINGTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*				97	*
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-								
		RMHP Thrifty Plan - FR					*		\$17.00	-								
		RMHP Standard Plan - FR					*		\$22.00	-								
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*
		RMHP Gold Plan - FR					*		\$127.00	-								
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*
			RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96



## Colorado Medicare Advantage, Cost Plans, and Demonstrations

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost				Coverage				Convenience		
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary		
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
County	Organization Name	Plan Name					Cost Plan	Demo Plan									Mail Order Offered		
WELD	Humana Insurance Company	Humana Gold Choice PFFS H1804-061				*			\$0.00	\$0.00	*			*			97	*	
	Kaiser Permanente	Senior Advantage Silver MA-PD	*						\$0.00	\$0.00	*			*			72		
		Senior Advantage Silver MA-PD Part B	*						\$0.00	\$0.00			*	*			72		
		Senior Advantage Gold MA-PD	*						\$88.00	\$14.50	*			*	*		72		
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Thrifty Plan - FR					*		\$17.00	-									
		RMHP Standard Plan - FR					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - FR					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*	
		SecureHorizons Direct	SecureHorizons Direct Plan 3				*			\$0.00	-								
			SecureHorizons Direct Premier Plan 200				*			\$85.00	-								
		Sterling Option I	Sterling Option I				*			\$9.00	-								
		United Healthcare Insurance Company	Evercare Plan CH No Rx	*						\$0.00	-								
			Evercare Plan IP		*					\$27.43	\$27.43	*			*			97	*
			Evercare Plan DH	*						\$28.92	\$28.92	*			*			97	*
			Evercare Plan CH	*						\$34.00	\$34.00	*			*			97	*
YUMA	Humana Insurance Company	Humana Gold Choice PFFS H1804-148				*			\$49.00	\$12.58			*	*			97	*	
		Humana Gold Choice PFFS H1804-063				*			\$54.00	\$20.77	*			*			97	*	
	Rocky Mountain Health Plans	RMHP AB Basic Plan					*		\$8.00	-									
		RMHP Thrifty Plan - FR					*		\$17.00	-									
		RMHP Standard Plan - FR					*		\$22.00	-									
		RMHP AB Basic with Basic Drug Plan					*		\$48.56	\$40.56	*			*			96	*	
		RMHP Standard with Standard Drug Plan - FR					*		\$62.56	\$40.56	*			*			96	*	
		RMHP Gold Plan - FR					*		\$127.00	-									
		RMHP Gold with Enhanced Drug Plan - FR					*		\$200.39	\$73.39	*			*		*	96	*	